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FEB 28 2005
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26646 7590 12/02/2004

KENYON & KENYON
ONE BROADWAY
NEW YORK, NY 10004

03/01/2005 CNGUYEN1 00000098 110600 09819778

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| | |
|-------------------------|--------------------|
| <i>Aaron C. Deditch</i> | (Depositor's name) |
| <i>Aaron C. Deditch</i> | |
| 2/22/05 | |
| (Date) | |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/819,778 | 03/28/2001 | Mark Damon Schneider | 12048/1 | 2626 |

TITLE OF INVENTION: CALCULATION METHOD AND APPARATUS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------------------------|-----------------|---------------------------------|------------|
| nonprovisional | NO | \$1340 \$1340 (1400) | \$300 | \$1670 \$1670 (1700) | 03/02/2005 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| NGO, CHUONG D | 2124 | 708-490000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kenyon & Kenyon

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Classic Solutions PTY Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sydney, North South Wales, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 2/22/05

Typed or printed name Aaron C. Deditch

Registration No. 33,865

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